



FORMAL APPEAL REVIEW FORM

Please refer to the "Instructions" for information on the formal appeal process

EMPLOYEE/PATIENT INFORMATION		PROVIDER INFORMATION	
Member/Employee Name:		Physician/Hospital/Provider:	
Member ID#:		Date(s) of Service:	Charge Amount:
Patient Name:	Relationship:	Name of Facility/Dr.'s Office:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Home Phone:	Work Phone:	Please include all copies of EOB(s) for all claim(s) issues except Prior Approval/Eligibility	

DESCRIPTION/COMMENTS

Describe the reason for your request (attach additional sheets, if needed). Attach any additional supporting documents related to the review: _____

AUTHORIZATION: I hereby authorize the release of medical and other necessary information for the purpose of evaluating this Formal Appeal Review. I understand that the SHBP may contact other entities on my behalf, and I authorize the SHBP to release such information for the purpose of resolving my Formal Appeal Review. The Health Insurance Portability and Accountability Act (HIPAA) require that the patient authorize this release unless the patient is under the age of 18.

Member/Patient Signature: _____ Date: _____

FOR DCH USE ONLY

Formal Appeal Review #: _____ Date Received: _____

Date Committee Review: _____ Date Completed/Mbr Notified: _____

FILE LOCATION

Person Reviewing	Date Received	Date Completed	Passed File To

INSTRUCTIONS

There are three steps in the appeal process, which are described in detail on page 72 in the SHBP booklet:

The Formal Appeal is the final step in the three step appeal process. If your request for Administrative Review is denied, you may file a Formal Appeal, which must be postmarked within 60 days following the date of Administrative Review decision. To file a Formal Appeal, you must complete all applicable sections on this form and attach a copy of the decision of the Administrative Review. If the formal appeal is submitted before the Administrative Review is completed, the formal appeal will be returned to you.

If you are appealing a MCP penalty, you must attach a copy of the MCP determination to this form. MCP decisions will be reviewed only to determine if the proper appeal process was completed, but changes in the medical decisions will not be made. If you disagree with a BHS or MCP decision after their appeals process is completed, you will have 60 days from the date of their final determination to file a Formal Appeal with the SHBP.

Generally, a decision by the Formal Appeal Committee will be issued within ninety (90) days following receipt; however, the number of days may be extended by notice from the Department of Community Health. The written notice of the decision by the Committee is the final step in the administrative proceedings and will exhaust all administrative remedies.

Items that cannot be reviewed under the Formal Appeal process:

- The method of establishing Fee Schedules, Usual/Customary/Reasonable (UCR) or Normal/Reasonable (N/R) charges.
- A cutback of \$150 or less.
- A decision by the Medical Certification Program (MCP) or Behavioral Health Services (BHS) that a service is not medically necessary. *(These must be appealed to the appropriate MCP or BHS administrators)*
- Coverage of items listed in the "Limitations or Exclusions" section of the State Health Benefit Plan (SHBP) booklet.

Mail the completed and signed form, along with any additional information, to:

State Health Benefit Plan
P.O. Box 38342
Atlanta, GA 30334